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**APPLICANTS**

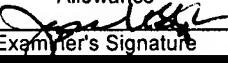
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**\*\* CONTINUING DATA**

This application is a CIP of 10/658,588 09/08/2003 ABN which is a CON of 09/874,360 06/06/2001 PAT 6,626,890

**\*\* FOREIGN APPLICATIONS****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 03/23/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 31	TOTAL CLAIMS 91	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	 Examiner's Signature	 Initials			

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**TITLE**

Fat removal and nerve protection device and method

FILING FEE RECEIVED 1476	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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